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## Creative arts adult community learning

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Adult community learning (ACL) is non-formal learning with people in community settings. Often encompassing an element of social action, ACL is sometimes targeted at socio-economically disadvantaged communities and other groups including people with long-term health conditions, people experiencing mental health issues and informal carers. ACL is largely provided by local authorities and the voluntary and community (third) sector. Women tend to be over-represented among participants in ACL whilst there is also relatively high participation among older people (Lewis, 2019).

Although ACL across a range of subjects and activities has been shown to be beneficial for mental health and wellbeing, creative arts subjects, including visual arts, crafting and creative writing, are often considered to be particularly beneficial in this regard. There is now a body of research which demonstrates that participation in the arts and creativity is associated with enhanced wellbeing and quality of life, better general health, and improved community health (DH Mental Health Division, 2010). Creative arts have been a key tenet of ‘social prescribing’ initiatives across the UK, which link people experiencing mental health issues with sources of support in their local area, with evidence of these leading to “improved self-esteem, feelings of empowerment and improved quality of life” (Robotham et al., 2011: 12). Creative activities are also often advocated as being beneficial for ‘active ageing’ for older adults, producing benefits for physical health and social and psychological wellbeing (e.g. Cohen, 2006).

The idea that there are distinctive features of creative arts learning which mean it is particularly suited to meeting mental health and wellbeing aims has supported maintenance of creative arts in the ACL curriculum in the UK while other subjects such as social sciences have shrunk (Lewis et al., 2016). However, critics have argued that creative arts ACL should be seen as having value in its own right and should not have to be justified on the grounds of serving other agendas such as mental health and wellbeing (e.g. Meyer, 2008). This agenda, it is suggested, risks foreshadowing the core educational purpose and aims of ACL,

refocussing it towards the creation of social spaces and psychosocial goals such as raising self-esteem and, thereby, depoliticising the provision and changing its liberating nature (Caldwell, 2013; Ecclestone, 2004; Thompson, 2007). Indeed, some authors have suggested that creative arts provision for mental health and wellbeing is serving to placate, as opposed to ‘empower’ participants, and to divert attention from the social structural inequalities and injustice underpinning mental health issues and to contain people’s distress (see Mirza, 2006). Furthermore, “It should not be assumed that involvement in creative arts (...) is automatically beneficial to mental health” (Lewis et al., 2016: 258). Indeed, a range of potential ‘disbenefits’ of taking part in ACL may also be identified (see Lewis, 2019).

Whilst acknowledging these points, the aim of this chapter is to review research evidence, in light of the above policy debates, in response to two questions: (1.) Does creative arts ACL have particular benefits for mental health and wellbeing in comparison to other kinds of learning? (2.) What are the (distinctive) processes through which creative arts ACL produces mental health and wellbeing benefits? A short discussion of mental health and wellbeing outcomes for ACL in creative arts subjects compared to other kinds of learning is provided first. An overview of the generative effects of creative arts ACL for a range of processes related to mental health and wellbeing follows. As this chapter draws on research about the generation of mutuality (forms of reciprocity and sharing between people) through creative arts ACL (Lewis et al., 2016), the discussion is focused on the relational processes involved, although some more individualistic ones such as absorption and relaxation are also encompassed. In conclusion, implications for creative arts ACL provision in the context of the mental health and wellbeing agenda are considered.

### ACL in the creative arts compared to other kinds of learning

Some studies have compared ACL in creative arts with other subjects. For example, a UK study that used data from the English Longitudinal Study of Ageing (ELSA - Jenkins, 2011), found that for adults aged over 50 years, particularly women, while creative subjects such as music and arts were associated with improvements in wellbeing over time, formal courses were not and gym/ exercise classes were only associated with improvements in quality of life for adults over 70 and those who were widowed. Jenkins tentatively attributes these findings to the intrinsic enjoyment of the creative arts subjects as a motivator for learning and to the opportunities for socialising this ACL offered. He concludes that the findings “suggest that,

for older adults, it is the sometimes disparaged 'leisure courses' rather than narrowly vocational courses that are most likely to sustain and enhance wellbeing over time" (414).

Reynolds (2010: 136), in a study of older women's visual art-making as a leisure activity, asks, "Do cultural and creative occupations have a distinctive role to play in maintaining wellbeing in later life?" She cites a survey of 400 relatively young retirees which found that, as a leisure domain, cultural activities were most strongly associated with life satisfaction scores (Nimrod, 2007). She also cites Cohen et al.'s (2006) study in which older people averaging 79 years of age who volunteered for a cultural programme showed better maintenance of health, morale and weekly activities compared to those who volunteered for a 'usual activity' group. It is noted that in this latter study, participants' motives for volunteering for the different groups need to be considered, as they were not randomly assigned. Nevertheless, Reynolds (2010: 137) concludes that "the evidence reviewed suggests that high investment, effortful and self-expressive leisure activities are associated with subjective well-being in later life".

Mirroring the above findings, in a qualitative study involving 124 adults with a wide range of learning experiences, Hammond (2004a: 55) found that courses leading to vocational qualifications that were competence-based "led to few health and social capital benefits." She suggests it may be the complexity of the relationships that make it hard to identify positive health impacts from competence-based education. However, she also argues that "subjects and teaching styles that encourage reflection, creativity and self-expression are particularly important in relation to developing self-understanding and independent thinking", as well as a clearer sense of identity (55) - psychosocial qualities which mediate the effects of learning on health-related outcomes such as "improved well-being, increased efficacy, protection and recovery from mental health difficulties, and more effective coping" (Hammond, 2004b: 553). She reports how, in accounts of learning that led to these learning outcomes, "The creative arts—art, crafts, drama, dance, opera, singing, and creative writing - were mentioned because they opened people up, enabling them to re-evaluate issues, express their feelings, and grow as people", although other subjects that encouraged reflection, such as anthropology and counselling, were also found to be "effective in terms of growth" (Hammond, 2004b: 561).

Other studies do not report differences in mental health and wellbeing-related outcomes between adult learning in creative activities compared to others. For example, in a study of two lifelong learning programmes for adults over fifty years of age in the USA which included classes in singing, art, and current affairs at an adult education centre, and history, political science and biology in a university setting, and used a measure of state-related affect, Simone and Cesena (2010) report “an immediate benefit in mood” for students regardless of programme, class type or location. The authors conclude that “adults who choose to engage in lifelong learning find the experience to be uplifting” (433).

In the context of ACL that is targeted for mental health recovery, provision across a range of subjects has been found to be beneficial. For example, in one study of mental health ACL, benefits are reported across a range of courses including numeracy and literacy and ‘self-help for life’ which encompassed multiple subjects including social sciences, philosophy and psychology (Lewis, 2014). In this research, recovery was supported through the development of resources, including cultural capital (knowledge and learning) and social capital (social connection, relationships and social support), and the personal recognition afforded by the humanistic learning environment. These facets, in turn, served to enhance people’s agency, or self-determination, which was found to be a key recovery process. Similarly, in a report dealing specifically with developing confidence and self-esteem through ACL, Eldred et al. (2004, p. 31) describe these mental health and wellbeing-related benefits across a wide range of contexts and subjects, including vocational and life skills, community development, personal development, drama, arts and culture: “A common strand running through this diversity was that almost all the learners experienced successful learning and their confidence increased.”

Some authors suggest that it is the act of engaging in adult learning or leisure activities, rather than the actual activities or the content of the learning involved, that can promote the shifts in subjectivity and identity work associated with mental health recovery. For example, leisure activities may help women to challenge depression through enabling them to experience feelings of enjoyment and a different sense of self as a result of making time for oneself (Fullagar, 2008; see also Sagan, 2007). Such shifts in subjectivity may involve coming to see oneself as creative (in the case of creative activities), ‘actively embodied’ (in the case of health and fitness-related activities) or part of a friendship group (in the case of social

activities) (Fullagar 2008). Others highlight the qualities of the tutor and the learning environment created, and the pedagogical ethos as crucial factors (e.g. Lewis, 2014).

Overall, then, the literature suggests that there may be mental health and wellbeing-related benefits associated with a range of adult learning activities where these encourage reflection and re-evaluation of experiences and ideas, self-expression and self-growth. Enjoyment and social connection are also important themes. For mental health recovery more specifically, enhancement of self-identity and expansion of agency are additional key processes. However, the research also suggests that creative subjects can have particular generative effects for a range of processes relating to mental health and wellbeing outcomes. Some of these are explored in more detail in the next section.

### The processes through which creative arts ACL produces mental health and wellbeing benefits

A recent review of ACL, mental health and wellbeing describes how the mental health and wellbeing related benefits from ACL

include the intrinsic benefits of learning something new and developing a new skill or interest, course participation giving people time for themselves to do something enjoyable and something to look forward to, providing an external focus, and enhancing people's personal identities. They also include social aspects such as gaining friendships. (Lewis, 2019: 7)

This section examines why creative arts may be considered particularly effective for generating these benefits through ACL with a particular focus on ideas of relationality and mutuality. It shows how the reasons involved include creative arts “being viewed as non-threatening, accessible subjects, and the fact that they provide particular opportunities for participatory practice, sharing experiences, building social support and mutual help among adult learners” (Lewis, 2019: 11). The section also considers some of the more distinctive mental health and wellbeing related factors associated with creative arts ACL, including absorption and relaxation, a theme which is discussed first. Research findings concerning self-expression, communication and understanding of self and others, including in relation to ‘empowerment’, are then expounded. The subsequent sub-section takes up the theme of enduring interest, enjoyment and social connection and support. Lastly, identity work, social contribution and reciprocity are discussed.

### Absorption, relaxation and 'being present'

There is a range of research which describes how the health-related benefits of adult learning include providing a focus, distraction from anxieties, and psychological displacement activity, for example in the face of bereavement or other kinds of loss, and how this function of adult learning is "important in promoting wellbeing, mental health and positive coping mechanisms" (Hammond, 2004a: 51; Aldridge and Lavender 2000; Harding et al., 2013; Robotham et al. 2011). Research also suggests that creative arts subjects are particularly good for generating these kinds of psychological benefits, and for helping to rebalance or 're-centre' oneself in the face of emotional stress or turmoil, as, in comparison to other kinds of learning, they more readily create "moments of 'flow', of complete and utter absorption" in the activity (Field, 2009: 187).

For example, in a qualitative study of creative arts activities and mental health and wellbeing involving five ACL groups and two targeted participatory arts organisations in England (Lewis et al., 2016), the theme of absorption was particularly strong in the accounts of members of a jewellery-making group attended by, mainly older, women. Both the group members and the facilitators also undertook the craft work at home and reflected on how they found the practice absorbing and relaxing, enabling them to "switch off" from their worries due to the concentration required. For example, one commented, "I find it's a way of me shutting all my problems behind me" and another, "It just takes your mind off absolutely everything. I do get lost in it and everything; you don't think about anything else because you're concentrating so hard on that". Informal care work was one important context in which the practice was found to have these benefits, providing "a good escape."

Qualities of the craft work which meant it was found to be absorbing and relaxing included "it's something to do with my hands and keeps me occupied, my mind occupied all the while (148)," the technical challenges involved, the intricacy of the beading work and the scope offered by the craft practice. On this point, another participant reflected: "I feel, myself, as if, I just get me stuff out and that's it, and I'm in a world of me own, you know, thinking, 'Oh, can I do this,' or, 'can I do that?' and (...) it's nice and quiet, you know" (148).

These findings mirror the research of Reynolds (2000) on women's needlecraft in the context of depression. In a similar way to the participants above, she notes how needlecraft can result

in psychological calming and mind relaxation due to it requiring complete concentration, meaning that no intrusive, worrying thoughts can occur. Furthermore, as illustrated by the above quotation, “during craft activity a fresh and controllable world may be created”, providing a relaxing antidote to life’s stresses and responsibilities (Reynolds, 2000: 110).

Similar findings were reported in ACL art groups in Lewis et al.’s (2016) study. In a mainstream painting and drawing course, one participant reflected on the sessions: “It’s not like watching TV or something ... you’re really focused on what you’re doing and I think that’s why the time goes by so quickly” (147). Another who was a full-time informal carer described how the art work provided a psychological break for her as “once you get doing something and you’re concentrating on that, that’s it, that’s all you think about, really, is the work” (147). In an art group that was targeted for mental health recovery, one participant described the art-making as therapeutic in providing a “distraction” from her anxieties. The tutor on this course commented too that the meditative nature of the art work meant it provided respite from distressing thoughts and this was important in helping people to deal with mental health issues.

Lewis et al. (2016) also report findings from ACL creative writing groups. In one poetry group hosted in a mental health arts organisation, participants described how the initiative was helpful to them in providing an external, constructive focus and how being mentally engaged and ‘present’ with others at group meetings helped to relieve anxiety rooted in past troubles:

Mental health is a kind of area which one can’t really cure, you know, because it is something within the history of a person. ... But poetry time relieves that tension, or art can, because it involves you for that certain time, for two hours here everybody is working so that brings that kind of..., you know, the tension has gone and you are here.

The above participants’ comments indicate the therapeutic value of shared engagement in creativity in the face of mental health issues in focusing the mind and bringing one into the present moment. Related findings regarding the subjective benefits of creative community spaces in providing a shift in consciousness have been reported elsewhere (Fullagar, 2008; Fullagar and O’Brien, 2014) and are further discussed below.

### Self-expression, communication and understanding of self and others

Creative arts are often advocated for mental health and wellbeing because they enable self-expression, exploration and understanding of the self, and a means of communicating with others, helping to address the “gap between the inner reality of feeling and the available ways of communicating what we feel” (Milner, 1950: 131 in Sagan, 2007: 316). Reynolds (2000: 108, citing Read Johnson, 1998) describes how, in the context of ‘depression’, from a psychodynamic perspective, the tendency to self-punish and turn anger inwards may be released through verbal or art-based means. Where negative feelings are highly threatening and repressed, art work may provide a safer, more oblique means of exploration than verbal therapy (Dekker, 1996), perhaps through use of metaphor. Art work may also present a ‘container’ for expressed emotions (Schaverien, 1989) as well as a way of accessing hidden inner knowledge and strength (Lipson Lawrence, 2008).

Similarly in the case of creative writing, difficult personal experiences and emotions can be explored indirectly and the practice can also be used to provide (relatively) nonthreatening ways to explore and provoke discussion of taboo subjects. For example, in the context of mental health targeted provision, poetry can allow for safe expression of distressing experiences, giving people “access to feelings and permission to process them” and “a means of redirecting and reshaping them” (Gillispie, 2003: 106; Lewis et al., 2016). In this context, creative writing groups can also be helpful in enabling people to identify with the feelings of others and to share experiences, for example through “open[ing] up discussion of what it means to be ‘depressed’”, something which participants can find affirming and empowering (Wertheimer, 1997: 39; see also Lewis et al., 2016).

Sagan (2007, 2008) in a study of a literacy/creative writing group at a mental health day centre, describes how participants felt the activity to be beneficial in helping to concretise their thoughts. She also conveys the affinity and empathy within the group, with “the combination of joint discussion of personal themes with the challenge of writing about these appear[ing] to bind the group to itself in a private and intimate way not shared by other social groupings and cliques at the centre” (Sagan, 2007: 318). However, taking a psychoanalytic perspective, she also argues that in the context of mental health recovery, writing about oneself can produce feelings of loneliness due to this engendering a shifting sense of self. Noting how the course offered a form of “containment within which new subject positions could be taken up and new identities explored” (Sagan, 2007: 317), she suggests that



loneliness is part of the reparation processes involved in recovery as one's self-identity becomes refashioned.

Other research demonstrates the value of creative activities for facilitating communication and understanding between individuals who are differently placed, for example in terms of age or experiences of mental health issues (Lewis et al., 2016), and between workers, informal carers and clients in care settings. For example, Gottlieb-Tannaka et al. (2003) report on a creative expression programme that combined different domains of creativity into one activity in a residential setting for older people with dementia. They argue that creativity can be “a tool for communication between seniors and caregivers when verbal communication is failing” and that this can enhance a sense of control for this group as well as “bring joy, friendship and a sense of belonging”, thereby improving quality of life (127; see also Bungay et al., 2019). At a deeper level, shared creative practice can help break down interpersonal barriers between workers and clients in organisational care settings through enabling people to move beyond their respective roles and status to appreciate their shared humanity, thereby supporting ‘relational wellbeing’ (Crawford et al., 2018).

Lipson Lawrence (2008) discusses affective learning through the arts. She suggests that through our emotional reactions to the arts, and reflecting on these, we can “deepen our understanding of self, others and the world around us” (76) and emphasizes how the arts can promote “transformative learning in the context of emotionally laden issues” (68). A painting, a poem, a dance can stir up emotion as it touches something deep inside us. Perhaps we connect to a personal experience of our own, or we tap into empathic connections with issues of universal concern. Learning can therefore take place “through the affective experiences of creating art and in encountering art created by others”, with the witnessing of art having the potential to expand our worldview through “taking us to new places and allowing us to enter into the lifeworld of another” (Lipson Lawrence, 2008: 74, 75). In this manner the arts can help us envision alternative realities for the future, and can be powerful agents of personal, collective and community transformation and healing.

ACL which aims to be transformative may have an explicitly political dimension, involving consciousness-raising and informed action in the Freirean tradition (Freire, 1996) – learning which “transform[s] understanding from the personal to the social” (Caldwell, 2013: 41). For example, Austin (1999: 259, citing Ruddock and Worrall, 1997) describes creative writing

classes in South Yorkshire which were used to “challenge the pattern of disempowerment which is rife amongst people with mental health difficulties,” through covering basic educational needs as well as “encouraging personal expression of opinion and group membership” and enabling examination of the oppressive aspects of people’s lives “through classes designed specifically to move people forward”.

Pettit (2010: 33) describes how there is a tradition of “creative and embodied learning emerging from popular theatre, storytelling and art” which can be very useful for “learning about power and developing capacities to be strategic with it – particularly when engaging with forms of power that are internalised and embodied”. A particularly well known example is ‘Theatre of the oppressed’, developed by the Brazilian theatre practitioner Augusto Boal. Lipson Lawrence (2008) notes how such popular theatre projects can work to generate both affective and embodied knowing as well as personal and collective transformation through ‘restorying lives’.

In one popular theatre mental health initiative for women, reported by Novitsky (2014), involvement helped the women generate insight into the factors affecting their own mental health and that of their children, as well as strategies for action. Another, reported by Noble (2005), involved development and performance of a play depicting experiences of people with multiple psychiatric diagnoses as a collaborative endeavour with counsellors, who also took part in the performance (called *Shaken: Not Disturbed ... with a twist!*). The popular theatre piece, described as an exercise in transgressive and liberatory learning and “collective knowledge creation and action” (52) illustrated lives on the social margins and aimed to challenge social perceptions surrounding mental illness. The project involved reconfiguring “rituals of power” in the participants’ lives “into new rites of personal power for themselves” – a process called “recodification,” and to educate the audience, which included healthcare workers, about such ‘nonvisible’ lives (49).

### Enduring interest, enjoyment and social connection and support

Adult learning as a leisure activity may be defined as ‘serious leisure’ which requires effort and commitment to learn the required knowledge and skills (Stebbins, 1982), with the creative arts being a central tenet of this (DH Mental Health Division, 2010). Studies demonstrate how leisure can generate social support and coping and stress buffering effects (Fullagar, 2008 citing Caldwell, 2005; Craike & Coleman, 2005). However, opportunities for

leisure and enjoyment may be culturally or structurally denied certain segments of society such as women, those experiencing long-term mental health issues and informal carers (Fullagar and O'Brien, 2014; Pieris and Craik, 2004). Populations focused on in studies of the benefits of leisure have therefore included these groups as well as older people for whom leisure is often considered important in providing physical, social and mental stimulation for 'healthy ageing'.

In the UK context, in the report on Learn2b, a targeted ACL programme for people with mild to moderate depression and anxiety, which included creative expression (Robotham et al., 2011), one participant described regaining her interest in art and learning to enjoy it as part of her recovery while several women taking part in creative writing groups felt the activity was beneficial in providing something interesting and enjoyable to focus on and making time for oneself, aside from work and caring responsibilities. This was seen to help in terms of 'getting back in touch' with or 'refinding' oneself. One participant also commented on the value of undertaking creative activities in connection with others: "I have found new people to write, sing and make music with" (33).

The above findings support other research that has shown the value of women's creative practices for challenging depression through providing space for oneself, enjoyment and temporary escape from responsibilities (e.g. Fullagar, 2008; Fullagar and O'Brien, 2014; Lewis et al., 2016; Reynolds, 2000). Fullagar (2008) suggests that this is an important aspect of recovery because enjoyment is often lacking in the lives of women experiencing depression and women often have a harsh and punitive relation to the self. (Re)finding enjoyment, she asserts, can help women to develop self-compassion and a more playful self-relation.

Similar findings are reported by Reynolds (2010) in a UK study of the contribution of visual art-making, including painting, pottery, textiles, card-making, weaving, lace-making and other arts and crafts, as a leisure activity to support older women's wellbeing. Describing her findings in terms of 'colour and communion', she tells of how the women enjoyed the sensuality of the art-making, the playful experimentation it allowed, developing new skills, and the challenges and fresh ambitions it generated, as well as the way in which it "promoted feelings of connectedness with the wider physical and social worlds" (138), beyond the home and immediate family. She also describes how "some created their own groups of like-minded

friends, with art-making activities providing the mutual focus of their meetings together” (141) and how outside the group meetings, the art-making activities additionally supported family relationships through providing a shared activity.

Reflecting these findings, Gauntlett (2011) suggests three definitive motivations for making and everyday creativity: “pleasure and an enhanced sense of self as creative agent; feeling alive in the world through the ability to do things as an active participant engaged in dialogue with a community; and recognition by like-minded people”. These themes also resonate in a Canadian study of a community-based lifelong learning programme for older adults. Observing five different classes (calligraphy, sewing, Chinese poetry, folkdance and fitness) and interviewing fifteen members (ten women and five men), Narushima (2008) identified three main health-related outcomes of the learning: “1) the effects of enduring interest, 2) classrooms as social support networks, and 3) the awareness of the right to learn” (673). She describes how ‘these learning effects are closely inter-related, working as a single, synergetic health-enhancing mechanism’ (687).

Narushima reports on the value of ‘learning something interesting together with others’ and how the adult learning helped reinforce perceived control - “an important means to sustain an independent and functioning life in old age” (683). As Reynolds (2000: 112) notes, temporary experiences of autonomy, choice and control, which were also reported by the women undertaking needlecraft in her study, “may be particularly valued when personal decision-making or control are limited in other facets of life” and are helpful to countering depression. Furthermore, such experiences may be translated into other areas of people’s lives, thereby contributing to agency enhancement (Lewis et al., 2016).

The space provided by taking part in creative arts ACL and engagement in the creative activities can also be helpful in allowing people to reappraise problems in their lives and find constructive responses to these (Fancourt et al., 2019). The generation of social connection and support through ACL spaces is also helpful in this regard. Narushima (2008: 688) describes the contribution of adult learning to generating “informal mutual support networks”, with both instrumental and emotional supports found to buffer the impacts of health problems in older age. One of her key findings related to the lowering of social hierarchies through the craft activities and how this sense of equality deriving from the

pursuit of a common interest contributed to a classroom affinity and mutual care. She quotes one participant, Betty:

We are together. We don't care whether other people are younger or from different backgrounds. Here everyone is the same. We all like sewing. We learn, talk, laugh together. We share patterns and tools. When the semester is over, everyone hugs each other and says good-bye for a while. (p. 684)

Narushima (2008) also expounds the way in which the seniors in her study all contributed to the learning environment:

"I think this program helps me stay healthy. Because I ENJOY. The enjoyment is the best medicine." As this participant's words drive home, each individual senior's interests, pleasure and determination to keep learning and be healthy while facing all the challenges of later life, positively influences other classmates and the atmosphere of the classroom. The comfortable learning environment with an experienced engaging instructor, friendly classmates, a sense of community and other mutual supports motivates seniors to remain in a single course. This in turn reinforces each individual's interest, life satisfaction, self-efficacy, and self-management - all important intermediate factors for psychosocial well-being and effective coping in later life. (p. 687)

These extracts illustrate how, in ACL contexts, creative activities such as sewing constitute a kind of participatory practice which can produce a feeling of 'togetherness' and, as elaborated next, provides opportunities for various other kinds of sharing and reciprocity. Under such circumstances ACL can become a collective endeavour in which individuals in a group grow together, in connection with one another, and interactively with the development of the group as a whole (Lewis et al. 2016; McDowell, 1998) - a kind of "incorporation of the collective into the individual" (Edwards, 2007: 259). Establishing ethos and building the group, including through mobilising and sharing resources, are therefore important to achieving both educational and health-related aims, with the tutor playing a key role in these respects (Lewis, 2014).

In studies of arts participation for people experiencing severe and enduring mental health issues, mental health-related benefits are similarly often described in terms of social inclusion and mutual support. Reflecting the studies described above, enjoyment, interest and the

creation of a stable, non-threatening environment in which participants can start to experience a sense of control over their lives and enhanced agency are strong themes (e.g. Lewis et al., 2016). These themes are illuminated well by Horghagen et al. (2014) in a Norwegian ethnographic study of craft activities in community-based mental health centres called ‘meeting places’ for people with long-lasting mental illness. They describe how guided craft groups, encompassing textiles, woodwork, paintings, and glasswork and ceramics, promoted social participation for the nine women and three men taking part, with importance attached to staff participation in the activities as well. The benefits of the craft work included its low threshold for participation and its cultural familiarity and ordinariness within the Norwegian context, which provided mechanisms for participation and social interaction in the form of ‘small talk’, while also meaning participants were able to shape identities as ‘artisans’. Doing the crafts together facilitated social interaction as “having crafts such as knitting in their hands made it easier for participants to socialize and move in and out of conversations” (148). They also note how the communal craft work enabled social inclusion as participants felt part of a group, even if they were just sitting together with people undertaking crafts. Participation was therefore “enabled by the fact that there were no defined demands for the level of engagement” (150).

Crafting is described by Horghagen et al. as helpful in providing stability, routine, predictability and control with the familiarity of both the group and crafting activity giving participants “a network of relational safety and support” (149) and a base for achievement in other domains. The habitual craft work seemed to generate strong connections between participants and facilitated peer support as, “while crafting, participants shared knowledge, experiences, (...) served as role models for each other, (...) and advised one another” (149). Both aspects of their participation – the craftwork and the support - helped group members to manage their daily lives. Furthermore, the activities promoted joy and self-respect and this helped free participants from the constraints of ‘mental illness’. The learning experiences enabled participants to become “gradually more active in decision-making regarding how to organize craft production”, while “the feedback received and given by participants (...) strengthened their self-confidence in their [self-]management skills” (150-151). The dynamic interrelationship between the act of doing crafts and the social relations in the group is thus emphasized in this study, with the “socially interactive and collaborative craft production” seen as producing a transactional space for recovery (151).

### Identity work, social contribution and reciprocity

Moody and Phinney (2012: 62) point out that for older people, involvement in ‘serious leisure’ such as arts programmes can contribute to social inclusion through “offer[ing] entry into a unique social world, providing for participants a sense of belonging and collective identity”. As noted in the previous discussion of Horghagen et al.’s (2014) study, identity work through involvement in creative arts initiatives can also be an important part of social inclusion and recovery for those experiencing long-term, debilitating mental health issues. Studies of mental health participatory arts organisations have shown that for many participants, belonging to a community of artists not only provides a valued social role but also an identity as an artist which can be important to recovery in displacing negative identities associated with mental illness (e.g. Lewis and Spandler, 2019).

Research into creative arts ACL and mental health and wellbeing in both mental health targeted and mainstream settings show how this adult learning can generate personal and social recognition, and hence be a source of identity work, for participants, not only because the shared practice involves undertaking creative work together with others, but also because it may involve the sharing of skills, materials and creative outputs. Studies often mention a sense of pride, achievement and satisfaction from creating and sharing tangible creative outputs as important psychosocial outcomes from the adult learning (e.g. Hammond, 2004a, 2004b; HEA, 1999; Lewis et al., 2016), with these being linked to the wider outcomes of enhanced sense of meaning, fulfilment and purpose which are often described in relation to involvement in the creative arts (DH Mental Health Division, 2010).

‘Appraisal support’ (Heaney and Israel, 2002) is thus important in this context. For instance, Reynolds (2010) describes how for older women engaged in visual art-making, “praise from fellow artists (whether amateurs or professionals) was experienced as offering a specific and potent source of validation” which “strengthened a positive self-image, as well as motivation to continue” (141). She also describes how the creative activity was important to the older women’s subjective experiences surrounding having a role and ‘feeling useful’ when previous work or family roles were reduced or no longer occupied. In this context, the creative practice helped to preserve reciprocity and equal status in relationships, “based on mutual interests and care-giving, rather than age or dependency, (...) shared topics of conversation and the exchange of skills and materials” (Reynolds, 2010: 140-141). This helped the women maintain a valued identity, and resist the stereotypes and exclusions often experienced in later

life. Discussing a qualitative study of older people's art-making by Howie et al. (2002), Reynolds (2010) also describes how creative activities can serve a kind of identity work through providing

a means of 'crafting the self', through for example, expressing continuities of self in past, present and future projects, maintaining family traditions, engaging in self-reflection, gaining affirmative responses from others, and acquiring a valued identity as an artist. (p. 137)

Elsewhere, Reynolds (1997: 12; 2000: 107, 111) describes needlework as offering "validation of the self" and a way of "preserving or regaining a satisfactory sense of self" for women who had acquired a disability or chronic illness in adulthood, and, for women experiencing depression, as "providing themselves and others with evidence of a healthy, achieving self." In the latter context, she argues that "craft products confirm an alternative self (extending work/family roles)" and "craft skills may contribute to valued roles and sources of status (e.g., charity work, teaching skills to others)" (Reynolds, 2000: 111). Public recognition of needlework products, she reflects, "enhanced feelings of accomplishment, and increased the person's sense of occupying a valued place in her social network" (Reynolds, 2000: 111).

The literature on mental health recovery includes other examples of how producing creative items can provide a way of giving back to family members or helpers and how this can help regain reciprocal qualities for personal relationships (e.g. Carlton, 2006). In addition, research in the context of care homes for the elderly shows how shared creative activities involving residents, relatives and staff can help (re)generate this reciprocity through producing shared enjoyment, a shared experience and interest, and a common purpose (e.g. Bungay et al., 2019). The shared activities can also enable staff appreciation of residents' abilities and the value of arts participation for residents (Gottlieb-Tannaka et al., 2003; Bungay et al., 2019).

As Reynolds' research also shows, then, the generation of friendship through creative arts ACL can be another important source of reciprocity which can benefit wellbeing and mental health recovery. This may be through helping rebalance an over-emphasis on being the (dependent) recipient of care, or on giving to/caring for others - something particularly relevant to challenging women's depression given the cultural context of their family and working lives (Fullagar 2008; Fullagar and O'Brien, 2014). In the former context, Halperin



and Boz-Mizrahi (2009) report on the Israel Amitim programme which involved leisure activities, including classes in music, art, and dance, for service users, volunteers and staff in a mental health community centre. They describe how participants valued the opportunity for personal development as contributors in social interaction and to experience “true friendship and a long-lasting relationship” (155), and a reduction in stigmatising attitudes among the community centre workers involved.

Lastly, and also as Reynolds’ research indicates, creative arts ACL can provide particular opportunities for social contribution because it lends itself to collaborative approaches to learning, including shared learning between tutors and adult learners and intergenerational learning. In addition, it provides opportunities for wider social contribution, and for social and political engagement, for example through exhibiting art work, giving performances or facilitating participatory arts events. These opportunities can be particularly valued when people are experiencing diminished social roles, for example due to older age or mental health issues. For example, reflecting on helping facilitate a jewellery-making session with a group of ‘young mums’, one member of the jewellery-making group Lewis et al.’s (2016) study commented, “I went home thinking, ‘Well, I’ve done something worth it this afternoon’” (189; see also Lewis and Spandler, 2019; Moody and Phinney, 2012). Moody and Phinney (2012: 62) argue that “experiences of reciprocity within a community are important to the health and well-being of older adults” and “being able to contribute to a community in a meaningful way may make it easier for seniors to accept help and support from the community in a reciprocal manner”.

## Conclusion

Research on ACL and mental health and wellbeing has focused on mental health targeted provision and provision for older people. In these contexts it has demonstrated mental health and wellbeing-related benefits from various ACL curriculum areas. It suggests that these benefits are associated with the nature of the adult learning in terms of providing opportunities for personal growth. However, research also suggests that creative arts ACL is particularly amenable to generating a range of interconnected psychosocial processes which promote well-being and mental health recovery. In relational terms, mutuality, including understanding of self and others and reciprocity at interpersonal and social levels, is important to these processes (Lewis, 2019; see also Torronen et al., 2018).

The literature also suggests that these beneficial processes “appear to be similar across the whole dimension of psychological health, from despair and depression to flourishing” (Hammond, 2004b, p. 565). However, the processes and, in particular, their combining to support an expansion of agency, both in relation to the creative arts learning and in the wider world, are particularly applicable to ACL in the context of mental health recovery (Lewis, 2014). In addition, as Sagan’s (2007, 2008) research highlights, there may be more pain associated with adult learning in this context, compared to mainstream provision or that which aims towards promoting wellbeing. This is because recovery may involve revisiting difficult or traumatic experiences, coming to terms with loss of various kinds, and reparation processes including reconfiguring one’s sense of self (Sagan, 2008).

As noted by way of introduction, there may also be ‘disbenefits’ associated with creative arts ACL. For example, while the provision may generate group solidarity and a sense of community for most participants, some may experience attempts to take part as exclusionary, particularly if they do not fit the social profile of the group (Lewis et al., 2016). And while creative arts involvement can be a welcome break for women with caring responsibilities, social pressure to take part can also be another burden on carers (Rizk et al. 2011) in the context of ‘restricted’ lives (Twigg, 1994).

In terms of the social critique set out in the introduction to this chapter, in so far as some creative arts ACL may help people cope with stress rather than to understand, and potentially challenge, the conditions of their lives which are producing this, it could be described as having placating effects. However, in the context of mental health issues in particular, there is a legitimate function for adult learning in providing a constructive external focus and distraction from worrying or intrusive thoughts. Moreover, the creative arts provide opportunities for ‘holistic learning’ across cognitive, affective, somatic, and spiritual domains (Lipson Lawrence, 2008). They ‘embody life’ (Goldberg, 2001), working in a reflective manner to help us understand the world around us and to contextualise our experience and in a constructive manner to help us shape our social worlds. In ACL, while some of this learning may be an overt part of the creative arts curriculum, some of the educational processes involved which are agency-enhancing are implicit, taking place through the interactions and experience of the learning environment. As such, as Belzer (2004, p. 5) points out, “even when curriculum is not explicitly focused on topics related to social justice,

equity and other issues of social change, it is implicitly taking a critical stance on power relationships inside and outside the classroom.”

In addition, in the context of mental health or wellbeing issues, creative arts ACL can often be a first step for adults returning to education, potentially leading to participation in other areas of learning as well, and involvement in creative arts ACL is not exclusive to participation in other kinds of adult learning. Indeed, it is important to maintain a wide ACL curriculum, which includes creative arts, social sciences and other subjects, to expand opportunities for learning across a range of areas, including in the context of mental health targeted provision and provision for older people (Hammond, 2004b; Kang and Russ, 2009; Lewis, 2014, 2019).

As the arts and creativity provide opportunities for broad-ranging and “holistic” learning, as described above, they should be viewed as an important element of wider curricula for ACL programming for mental health and well-being. But the degree to which this ACL provision supports the development of agency is likely to be dependent on the nature of the provision, the approach taken, and the knowledge and skills of the adult learning practitioners involved. In particular, whether or not there is a liberatory or “empowering” pedagogical approach that is informed by an understanding of power relations and their role in relation to mental health is likely to be pivotal (Lewis, 2014). Creative arts ACL for mental health recovery therefore needs to be focused on the creative arts education, while encompassing concern with the implicit educational, psychosocial, and affective processes involved. Crucially, the learning should help to open up different ways of thinking for adults and expand opportunities to view personal experiences through a wide social and political lens (Lewis, 2014; Lewis et al., 2016). Democratic principles and collaborative methods that actively involve adult learners in shaping the learning and the learning context (Austin, 1999; Belzer, 2004), together with reflective practice, can further ensure that such a broadening of knowledge and perspective includes everyone involved in the learning process and, potentially, members of the wider community as well.

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